Idaho Division of Vocational Rehabilitation

IDVR Application

I _____, understand that the purpose of the VR program is to assist eligible applicants to prepare for, secure, retain, and advance in, or regain employment.

I am applying for IDVR services and will comply with reasonable requirements. I will be available for the assessment process and will actively participate in my vocational rehabilitation. My refusal to accept any reasonable requirements or lack of active participation could result in case closure.

I have been provided the Participant Rights and Responsibilities, the Client Assistance Program (CAP) brochure, and IDVR Appeals Policy. I understand I will have the opportunity to discuss this information further during an intake interview.

I understand that providing complete information and being available to participate in the assessment allows IDVR to determine my eligibility for the program within federally required timeframes. If I do not provide the information IDVR needs to begin or if I am not available for the assessment, that determination may be delayed or my case may be closed.

Required information:

Address _____ Date of birth _____

Phone number _____

Social Security Number _____ Email address _____

Participant Signature _____ Date _____

Guardian Name (if applicable) _____

Guardian Signature (if applicable)** _____ Date _____

*Optional but highly encouraged to support IDVR in making a timely eligibility determination.

**If a guardian signs on the applicant's behalf, the guardian must provide documentation from an Idaho court establishing guardianship at the time of signature.